



Incident Report

Print Date/Time: 07/20/2016 08:47
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00009577

Incident Date/Time: 5/20/2016 2:08:47 PM
Location: SR 204 / SR 9 NE
LAKE STEVENS WA 98258
Phone Number: (425) 876-7494
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0072-Aukerman
19S15	SS0126-Hingtgen

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	RATZLAFF, CHRISTIE		(425) 876-7494			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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05/20/2016 : 14:10:33 SP0136 Narrative: AC 2 VEHS, NON BLOCKING, NON INJ. GRY SEDAN. ON SR 204

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E546047**CASE # **2016-0009577**LOCAL AGENCY
CODINGTOTAL # OF
UNITSOBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **05** - **20** - **2016** **1408** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐**SR 204**

BLOCK NO.

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐ S ☐ W **SR 9 NE**

UNIT 01

MOTOR
VEHICLE☒PEDAL-
CYCLE☐

DAMAGE THRESHOLD MET

YES ☒ NO ☐

PHONE

D: 2063832445

LAST NAME

WAN

FIRST NAME

XINMIDDLE
INITIALSTREET
NEW ADDRESS**7722 NE 200TH ST**

CITY

KENMORE

ST

WA

ZIP

980282029

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**WAN**X*305CM**

STATE

WA

SEX

FD.O.B.
MMDDYYYY**02****14****1970**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**2**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**AUJ0875**

STATE

WA

VIN#

JTDKN3DU7D5648694TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2013

MAKE

TOYT

MODEL

PRIUS

STYLE

4HVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **PENG CHEN 7722 NE 200TH ST KENMORE WA 98028 D: 2063832445**LIABILITY INSURANCE
IN EFFECT☒INSURANCE CO
& POLICY #**PEMCO CA 1197978**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR
VEHICLE☒PEDAL-
CYCLE☐

PEDESTRIAN

☐PROPERTY
OWNER☐

DAMAGE THRESHOLD MET

YES ☒ NO ☐

PHONE

D: 4254781983

LAST NAME

RATZLAFF

FIRST NAME

CHRISTIEMIDDLE
INITIAL**V**STREET
NEW ADDRESS**3327 LAKE DR**

CITY

LAKE STEVENS

ST

WA

ZIP

982580000

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**RATZLCV274B4**

STATE

WA

SEX

FD.O.B.
MMDDYYYY**01****24****1973**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**2**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**APR1029**

STATE

WA

VIN#

1C4BJWDG5EL135254TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2014

MAKE

JEEP

MODEL

WRANGL

STYLE

4WVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

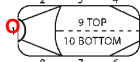
GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **KENNETH RATZLAFF 3327 LAKE DR LAKE STEVENS WA 98258**LIABILITY INSURANCE
IN EFFECT☒INSURANCE CO
& POLICY #**FARMERS 189310474**VEHICLE
LEGALLY
STANDINGYES ☒ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

M. HINGTEN

BADGE OR ID #

0126

AGENCY

WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E546047**CASE # **2016-0009577**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		ORTIZ JOSE L																		
ADDRESS & PHONE # 3327 LAKE DR LAKE STEVENS WA 98258 4258767494														SEX M	D.O.B. MMDDYYYY 03	-	20	-	1997	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

NARRATIVE

Veh #1 was stopped at the intersection of SR 204 and SR 9 NE. Veh #2 was directly behind Veh #1, waiting for the red traffic signal. Veh #1 began to roll backwards from the previous stopped position and struck Veh #2 in the front bumper. The impact cause damage to the rear bumper of Veh #1. The driver of Veh #1 stated that she didn't know what happened.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: ROLLING BACKWARDS

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN		05-21-16 06:38 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACED SIGNED
APPROVED BY R. BROOKS 0013		DATE 5/22/2016 3:31:03 AM	
BADGE OR ID #	0126	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
2:08 PM		2:08 PM	

REPORT NO. E546047

CASE # 2016-0009577

DATE AND TIME
OF COLLISION 05/20/16 14:08



Not to Scale

